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APPLICANTS

William N. Weaver, Northbrook, IL;

Robert E. Ungar, Des Plaines, IL;
Lonnie R. Seymour, Naperville, IL;

** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> Initials	STATE OR COUNTRY IL	SHEETS DRAWING 7	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
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ADDRESS

Kevin D Erickson
Pauley Peterson Kinne & Fejer
2800 West Higgins Road Suite 365
Hoffman Estates, IL
60195

TITLE

System and apparatus for packaging containers

FILING FEE RECEIVED 848	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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